

Human Relations • Office of the City Manager City Hall • 375 Merrimack Street, Room 19 • Lowell, MA 01852 P: 978.970.4105 • F: 978.446.7102 • svinas@lowellma.gov www.LowellMA.gov

> Kellie A. Hebert Human Relations Manager

## City of Lowell Human Relations Department

## **CORI REQUEST & AUTHORIZATION FORM**

The City of Lowell has been ce	rtified by the Massachusetts Crim	inal History System	
Board to have access to all conviction	•		
volunteer for the position of	1 0 1	in the Department of	
, I,			
records check will be conducted for co	onviction and pending informatio	n only. This information	
will not necessarily disqualify me. By	,	nformation is correct to	
the best of my knowledge:			
(Prospect	ive) Employee/Volunteer Signature		
Prospective En	mployee/Volunteer Informa	tion	
Please Print Last Name	First Name	Middle Name	
Maiden Name/Alias (if applicable)	Place of Bir	th:	
Date of Birth: / /	Social Security Number:		
Mother's Maiden Name:	State License Number:		
Current Street Address:			
Current Street Address:			
	State:Zip Code	o: 	
City:	State:Zip Code	2:	
City:  Former Street Address:  City:	State:Zip Code	e:	
City: Former Street Address:	State:Zip CodeState:Zip CodeState:Zip CodeWeightEy y reviewing the following form of go	e: e: e Color	
City:  Former Street Address:  City:  Sex: Height: Ft In  *** The above information was verified b	State:Zip CodeState:Zip CodeState:Zip CodeWeightEy y reviewing the following form of go	e:e:ee:	
City:  Former Street Address:  City:  Sex: Height: Ft In  *** The above information was verified b photographic identification:	State:Zip CodeState:Zip CodeState:	e:e:ee Colorevernment issued	

The City of LOWELL Alive. Unique. Inspiring.